

## LUCID-B Study: Interim Report 3

28<sup>th</sup> July 2020

The [LUCID-B \(Living Under Coronavirus and Injecting Drugs in Bristol\) study](#) is a rapid qualitative interview study examining how people living in Bristol who inject drugs are being affected by the COVID-19 pandemic, lockdown, and changes to service delivery.

Working with Bristol Drugs Project (BDP), the researchers from University of Bristol are undertaking up to 30 in-depth interviews with people who inject drugs (PWID).

This interim report has been created to keep key local and national stakeholders updated with interview findings before a more rigorous analysis takes place, to allow rapid responses in service development and inform further research.

**Date range of interviews:** 4<sup>th</sup> July 2020 – 13<sup>th</sup> July 2020

**Number of interviews in this time period:** 6

**Overview of interviewees:**

- 1 female and 5 male
- Mean age: 42 (range 39 – 50)
- 2 housed, 4 housed in temporary treatment accommodation

**Overall number of interviews:** 20

**Interpretation note:** The focus of this report is on the 6 interviews carried out 4<sup>th</sup> – 13<sup>th</sup> July. Please see previous [Interim Report 1](#) and [Interim Report 2](#) for conclusions from preceding interviews.

Due to the small number of participants, this sample is unlikely to be reflective of the experiences of the wider population of people injecting drugs in Bristol, or the UK. The reflections below are intended to highlight areas for further consideration and research.

**Vocabulary note:** BDP has been providing home delivery of injecting equipment to those who would usually access the Needle and Syringe Programme (NSP). This is referred to as “doorstep delivery” throughout the report.

## Key issues identified

### 1. Challenges people who inject drugs are facing due to the COVID-19 pandemic



**Changes to accessing NSP and OST prescriptions** – As in previous weeks some participants have reported issues accessing pharmacies, including changes to pharmacy hours and queues resulting in being unable to collect OST prescriptions. In the present interviews, a few participants reported pharmacies running out of injecting equipment, or in one case limiting the amount of equipment given out, which had led to reuse and sharing of needles and syringes.

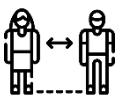
Participants were positive about weekly OST collection, as it reduces issues with travelling to the pharmacy, leads to a feeling of trust, and removes the embarrassment they associate with going to the pharmacy every day. One participant suggested that less frequent collection of OST reduces contact with other people who use drugs, which in turn can reduce temptation to use.



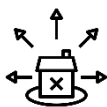
**Information about services** – During interviews in earlier weeks participants reported difficulties accessing information about services. In the present interviews, some participants reported that they have only received information on services through BDPs visits to their hostel accommodation.



**Drug supply** – As in previous weeks reports on drug quality were mixed; some reported a drop in quality, whereas others had not noticed changes in quality. In previous weeks a few participants have reported that they anticipate a “drought” of heroin in the near future.



**COVID-19 prevention and social distancing measures** – In previous weeks some participants discussed difficulties following COVID-19 prevention measures.. In the present interviews, some participants highlighted that social distancing in hostel is a challenge, with other residents entering rooms and people from outside the hostel coming to visit. The majority of participants reported increased handwashing, but a few report seeing the risk of the virus as reduced or low. Additionally, several participants raised the exacerbating effect that isolation and boredom has had on their existing mental health issues.



**Going out during lockdown restrictions** – During interviews in earlier weeks (see [Interim Report 1](#)) a few participants reported using their once-a-day exercise time to buy drugs, and concerns about conspicuousness when buying drugs. As lockdown has eased, participants are no longer reporting on issues resulting from this.



**Health issues** – During interviews in earlier weeks some participants reported wounds due to reuse of injecting equipment, as well as boredom and isolation. In the present interviews, a few participants highlighted the effect that COVID-19 has had on their existing mental health issues. As well as having issues exacerbated by the isolation

and time to ruminate, participants report difficulty getting medical appointments for mental health as prescribing appointments needed to be face-to-face, which was not possible during the COVID-19 measures. There was also one report of exacerbated physical health issues, such as abscesses and difficulty accessing testing for blood-borne viruses.



**Accommodation** – In the last report participants reported on issues living in hotels and hostels under the government rough sleepers’ emergency scheme (see [Interim Report 2](#)). Many of the participants in the present interviews were housed in substance misuse accommodation, which had penalties for drug use as a condition of accommodation. Participants had mixed views on tests for drug use during lockdown. One participant reported that drug testing had decreased, which they thought might have contributed to increasing drug use in the hostel, which made it harder for others to avoid using. Other participants reported continued drug testing, but that drug use had increased regardless, which they thought was exacerbated by boredom and a perceived lack of help and support.

One participant who struggled with mental ill health was worried that they would be ejected from the accommodation because of their drug use, and highlighted that they needed “just more help and support really, and more understanding of where we’re coming from.”

One participant suggested that their accommodation has not been collecting money for accommodation as regularly as before, which they’ve found has increased the temptation to spend their money on drugs.



**Money** – In the last report participants have reported on a loss of income (both legal and illegal) as a result of COVID-19, and there have been reports of a perceived increase in violent criminal activity or stealing as well as issues accessing benefit agencies (see [Interim Report 2](#)). Some of the present interviews echo this, and one participant has reported getting into more debt, as their increased drug use means they lack the money to pay for accommodation.



**Information access** – As in the last report (see [Interim Report 2](#)), a few participants reported being unable to access the internet in their accommodation. This has knock-on effects for their ability to engage with support groups for their drug use, which are now happening online.



**COVID testing** – In the last report (see [Interim Report 2](#)), a small number of participants reported having exhibited symptoms and having a test in hospital or at the GP. One participant in the present interviews reported experiencing mild symptoms, but being unsure where to get a test and not wanting to burden health services.

## 2. Effects on drug use



**Drug use** – In previous weeks, there has been a mixed picture presented regarding effects on frequency and quantity of drug use. This remains in the present interviews, with a few participants reporting no change or reduced use due to lack of funds. However, most of the participants in the present interviews reported an increased frequency of drug use, and in a few instances this coincided with an increase in quantity injected. Reasons provided for increased frequency include the boredom and perceived lack of support, and reasons for increased quantity used include the perceived reduction of drug quality. Of those who reported increasing their use, some have reported that they are now seeking to cut down their use (with some success).



**Injecting practices** – In our previous reports a small number of participants reported that they are more often injecting alone since the pandemic began. As in previous reports, present participants reported not having to reuse injecting equipment as a result of the BDP scheme to provide doorstep delivery of NSP services. However, there were a few reports of reusing equipment as a result of issues of supply at pharmacies.



**Face-to-face drug service contact** – As in previous weeks, there has been a mixed picture presented regarding shared care appointments moving to telephone, with some missing face-to-face interaction and others finding it more convenient. Across all the interviews conducted to date, a couple of participants have raised the issue that they do not feel comfortable having in-depth discussions about issues relating to their drug use (e.g. physical health issues) during doorstep NSP delivery.

A key issue from the interviews with those in substance misuse accommodation hostel is perceived lack of support for their drug use and mental health. There was a desire for drug groups to restart, for more activities, structure to the day, and support in general.

One participant had attended some of the support groups online but noted that they didn't perform the same 'ritual', without the travel and socialising to occupy time.



**OST changes** – As reported by several participants in earlier weeks, a few participants reported finding the switch to non-daily pick up of scripts positive as it reduces pharmacy visits and embarrassment (related to perceived stigma). Some participants who have been switched to weekly collection of OST report adapting their methadone consumption, and taking a reduced dose if they were using heroin as well. One participant expressed reticence about discussing this with their shared care worker. One participant reported diverting their supply of methadone to a friend, and being switched back to supervised daily OST consumption as a result of the police contacting his pharmacy.

## Implications: issues relevant to consider at a local/national level



### **Importance of outreach and additional support in accommodation -**

In accommodation where drug use carries penalties, there needs to be an awareness of reduced levels of support currently available for drug use, and the impacts the pandemic and subsequent isolation and loss of routine/activities may have on existing mental ill health. These factors may make it more difficult to abstain from drug use. Across all hostels and temporary accommodation in the study, there are reports that lack of support and living in environment where drug use is common has contributed to difficulties recovery or reducing drug use.

Residents of substance misuse accommodation would benefit from additional support for their drug use and mental health during lockdown and periods of decreased structure and increased isolation. There was a desire for drug groups and activities to restart to provide structure to the day.



**Signposting** – Access to physical healthcare for PWID needs to be supported and clearly signposted, given PWID may no longer be having in-depth conversations with treatment service staff which allow them to raise these issues.

Use multiple channels for information provision about changes to service provision and signposting including peer networks, shared care keyworkers and pharmacies. Consideration of leaflet delivery to known clients and high-risk groups in emergency accommodation highlighting available services.



**Healthcare access** – Consider home delivery of NSP and healthcare services (if not already in place) and review of changes to coverage of outreach services.



**COVID-19 testing** – We continue to hear reports of behaviours that would facilitate the spread of COVID-19, including reports of variable attention to social distancing and lack of awareness of when and where to obtain a test. There is a case for providing wider access to COVID-19 testing for this group.

## Further details

If you are aware of concerning issues related to how people who inject drugs are being affected by the COVID-19 situation that you believe it would be helpful for us to explore in greater detail during our interviews, please let us know by contacting:

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**This report** should be cited as:

Hines, L.A., Kesten, J., Holland, A., Family, H., Scott, J., Linton, M., Ayres, R., Hussey, D., Telfer, M., Wilkinson, J., Hickman, M. & Horwood, J. LUCID-B Study: Interim Report 3, 27<sup>th</sup> July 2020, University of Bristol.

**Previous report** available at <https://arc-w.nihr.ac.uk/research/projects/understanding-the-experiences-of-people-who-inject-drugs-during-the-covid-19-pandemic/>:

Hines, L.A., Kesten, J., Holland, A., Family, H., Scott, J., Linton, M., Ayres, R., Hussey, D., Telfer, M., Wilkinson, J., Hickman, M. & Horwood, J. LUCID-B Study: Interim Report 1, 22<sup>nd</sup> June 2020, University of Bristol.

Hines, L.A., Kesten, J., Holland, A., Family, H., Scott, J., Linton, M., Ayres, R., Hussey, D., Telfer, M., Wilkinson, J., Hickman, M. & Horwood, J. LUCID-B Study: Interim Report 2, 7<sup>th</sup> July 2020, University of Bristol.